

# STANDARD CERTIFICATE OF DEATH

State File No. ....

15115

FILED MAY 4 1953

BIRTH NO. ....

REG. DIST. NO. 251

PRIMARY REG. DIST. NO. 3045

Registrar's No. 87

## 1. PLACE OF DEATH

a. COUNTY

Madaway

b. CITY (If outside corporate limits, write RURAL and give township)

Maryville

c. LENGTH OF STAY (in this place)

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE

Missouri

b. COUNTY

Andrew

c. CITY (If outside corporate limits, write RURAL and give township)

Belckov

0020

d. FULL NAME OF HOSPITAL OR INSTITUTION

St. Francis Hospital

d. STREET ADDRESS

(If rural, give location)

1

## 3. NAME OF DECEASED (Type or Print)

a. (First)

Elaid

b. (Middle)

S

c. (Last)

Pearson

## 4. DATE OF DEATH

(Month)

(Day)

(Year)

4-24-1953

## 5. SEX

Female

## 6. COLOR OR RACE

White

## 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

married

## 8. DATE OF BIRTH

5-2-1904

## 9. AGE (In years last birthday)

48

10. UNDER 1 YEAR

11. UNDER 1 YEAR

12. UNDER 1 YEAR

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

house wife

## 10b. KIND OF BUSINESS OR INDUSTRY

own home

## 11. BIRTHPLACE (State or foreign country)

Maitland - Mo.

## 12. CITIZEN OF WHAT COUNTRY?

U.S.A.

## 13a. FATHER'S NAME

Carl Haag

## 13b. MOTHER'S MAIDEN NAME

Ellen Rosenguest

## 14. NAME OF HUSBAND OR WIFE

Robert Pearson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT'S SIGNATURE OR NAME

Robert Pearson - Belckov - Mo

## ADDRESS

## 18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

## I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a)

Cerebral Hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

8 hrs

## ANTECEDENT CAUSES

Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

Hypertension essential?

## DUE TO (c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

None

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

331X

## 20. AUTOPSY?

YES ☐ NO ☐

## 21a. ACCIDENT SUICIDE HOMICIDE (Specify)

## 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

## 21c. (CITY, TOWN, OR TOWNSHIP)

## (COUNTY)

## (STATE)

## 21d. TIME OF INJURY

(Month)

(Day)

(Year)

(Hour)

## 21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/23, 1953, to 4/24, 1953, that I last saw the deceased alive on 4/24, 1953, and that death occurred at 3:00 p.m., from the causes and on the date stated above.

## 23a. SIGNATURE

D. B. Dylund

## (Degree or title)

M.D.

## 23b. ADDRESS

Maryville - Mo -

## 23c. DATE SIGNED

4/24/53

## 24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

## 24b. DATE

4-26-1953

## 24c. NAME OF CEMETERY OR CREMATORY

Graham Cem -

## 24d. LOCATION (City, town, or county)

Graham - Mo

## (State)

## DATE REC'D BY LOCAL REG.

5-2-53

## REGISTRAR'S SIGNATURE

Bess Hatten

## 25. FUNERAL DIRECTOR'S SIGNATURE

L. M. Tichman, Maryville Mo.

## ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEC 29 1958

FEB 10 1958

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Student Embalmer No. ....

Signed.....

Licensed Embalmer No. 3379

P. O. Address Maryville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.